**CHAPTER 2:**

# Collaborative Networks

Because HIV affects a person along the entire biopsychosocial spectrum, clients need access to a variety of systems of care. One of the key lessons learned by the Demonstration projects was that collaborative networks can be vehicles to help ensure that service provision systems are responsive and effective in meeting the multiple, complex needs of people living with or affected by HIV.

A collaborative network is a series of formal or informal relationships between and among individuals and organizations designed to further programmatic goals and objectives. While it is difficult to establish high-quality and effective services independent of existing services, collaborative networks allow providers and administrators to benefit from the experience of other organizations in the community that share a commitment to serving people living with or affected by HIV. Most importantly, collaborative networks can dramatically enhance the range and accessibility of services available to clients.

**What Types
of Service
Organizations
Can Benefit
From Collaborative
Networks?**

- primary medical care organizations

- AIDS service organizations

- academic institutions

- cultural and ethnic service organizations

- hospitals

- dental clinics

- food banks

- religious organizations

- job placement agencies

- city, state, and federal agencies

The biggest winner in the network approach is the client. New programs also can benefit from collaborative networks. For example, involvement in collaborative networks can:

- increase client access to care

- eliminate barriers to care by providing a broader range of supports for clients, such as transportation, child care, medical services, housing, education, and food

- facilitate the sharing of information, knowledge, experience, and resources between individuals and organizations

- improve the coordination of multiple services across multiple systems

- prevent duplication of services

- reduce or eliminate service gaps

- create new opportunities for funding

- improve communication between front-line staff, service providers, and representatives of different agencies

- increase opportunities among service providers for referrals

- promote a strong sense of "community" among providers

- reduce competition between and among service agencies

## WHAT A COLLABORATIVE NETWORK MAY LOOK LIKE

Networks often begin between individual service providers who share a client. These networks can develop into teams that evaluate treatment on an ongoing basis. It is important to maintain a client focus in these teams and to come to an agreement about who does what. It also is imperative to identify confidentiality standards and appropriate boundaries. Most importantly, since the most disenfranchised clients will be the first to get lost between service providers, special care must be taken to ensure that these clients do not fall between the cracks.

Collaborative networks can become more formalized through letters of agreement between two or more organizations, such as when an HIV/mental health program contracts with a local group to do street outreach. These letters should identify the specific services, information, and resources to be shared between the organizations.

### What is a Collaborative Network Worth?

In Los Angeles and Atlanta, local funding is determined by a program's ability to demonstrate linkages and networks with other service providers in the community. Some collaborative networks seek funding as a single source to fund their various programs.

### Federal Resource Contact Information

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|---|---|
| CDC National AIDS/HIV Hotline | 800.342.AIDS |
| CDC National AIDS Clearinghouse | 800.458.5231 |
| Center for Mental Health Services | http://www.mentalhealth.org/ |
| Substance Abuse and Mental Health Services Administration | http://www.samhsa.gov/ |
| Health Resources and Services Administration | http://www.hrsa.dhhs.gov/ |
| National Institute of Mental Health | http://www.nimh.nih.gov/ |

# ...planning, funding, and information-sharing structures...

## How to Find Local Planning Councils

Local Ryan White planning councils can be an excellent resource for establishing collaborative networks. Information about local planning councils can be found on the Internet at *www.hrsa.dhhs.gov/hab* or by calling the Health Resources and Services Administration, Office of the Director, at 301.443.1993.

Many communities already have formal networks in place. It is important for new programs to be aware of existing networks in the community and the resources they can offer. For example, on a local level, Ryan White CARE Act money is distributed through planning councils. New programs may want to build relationships with representatives on the council or seek representation on the council—either of which can help foster program sustainability. Both the Los Angeles and Chicago programs have been able to continue to offer services directly as a result of networking efforts with their local planning councils. In Atlanta, the collaborative network formalized into the Ryan White Mental Health Task Force to guide HIV-related mental health funding.

Hierarchically, there also are existing structures at the state and federal level. These planning, funding, and information-sharing structures serve as valuable resources in initiating and developing service programs and collaborative networks, as well as providing education and prevention materials.

## Common Issues That Arose When Demonstration Projects Created Collaborative Networks

**ISSUE**

**POSSIBLE SOLUTION**

### Identifying participants

Seek a blend of different administrative and functional levels (e.g., a mixture of line staff, clients, administrators, and evaluators). They must all share one characteristic—they are key people to disseminate information within their own constituent groups and return to the table with feedback.

### Selecting the meeting location

Select the easiest and most accessible site for most members. Consider rotating locations.

### Addressing turf issues (funding, clients)

Openly discuss instances when members are going to be competitive and cooperative, especially around seeking Ryan White funding and providing client services.

### Maintaining interest and participation

Find members who will take their participation seriously. Rotate responsibility for sustaining the network. Orient new members (especially clients) to the value of networks and how they work.

### Making participation worth the members' time

Clarify the purpose of the network and what members can "get" from their participation. Consider holding topic-centered meetings or workshops (e.g., on shelter resources) so that members can know in advance what they are going to do and gain. The purpose and content of the meeting should justify the network.

### Maintaining confidentiality

Privacy of personal information of participants and/or shared clients must be respected. Consider establishing "ground rules" that deal with this issue, as well as other issues of respect and privacy.

### Addressing tension between members about the mission of the network and service provision issues

Allow members with differing missions and ideas about service provision to offer training to other members as a way of outlining their points of view. Invite other members to their respective places of work to show their missions in action. Agree to disagree in some instances.

### Responding to change in leadership in the network or within member organizations

The importance of maintaining the network supercedes changes in leadership. If the leader leaves or becomes de-funded, some other agency/representative needs to take the initiative to guarantee the ongoing vitality of the network. When leadership changes within organizations, seek the support of new administrators and leaders to allow staff time to participate in networks. Ask the predecessor to underscore the value of the network to his/her successor.

### Dealing with disagreements about individual client care in formalized client centered networks (case conferencing, etc.)

Maintain an open dialogue about various approaches to care. Agree early on to discuss differences. Members of the team who clearly understand the importance of confidentiality and boundaries in the therapeutic relationship can educate other members about maintaining these boundaries. Agree to disagree.

## DEVELOPING, MAINTAINING, AND EVALUATING NETWORKS

Although formal networks may already exist in a community, some programs may find it necessary to forge new networks to meet service goals for their population. For example, a program may discover that its mechanism for referring clients to primary medical care, substance abuse treatment, housing programs, and case management needs to be strengthened. To address this need, a program director could convene a meeting of local service providers in these areas to create a mutually beneficial referral network, to address and decrease barriers to services, and to prevent duplication among partner organizations. Ultimately, these meetings may lay the foundation for an ongoing network that continues to meet regularly, working in close partnership for many years to come.

When establishing networks, it is important to carefully consider the composition of the network. It has been the experience of some of the Demonstration projects, however, that the membership may simply come down to those who keep showing up. This process can be viewed as natural selection. The members who return are those who are most vital to the continuation of the network.

Evaluating a collaborative network can provide valuable information about program and client outcomes. For instance, an evaluator can help collaborative networks better understand the value of forming networks and their effectiveness in increasing standards of care, how the network addresses service gaps, how the network strengthens ongoing inter-organizational relationships, and how the network affects client outcomes. The processes for evaluating a network are similar to those for evaluating a program. (See Chapter 14 on Program Evaluation.)

As noted throughout this Practical Guide, HIV infection is a dynamic illness, so individuals and organizations must be flexible in adapting to the changing needs of clients. Collaborative networks can serve as a vehicle to stay current and provide appropriate responses to change.